U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

1 / 2004 Through: 12 / 31 / 2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

A Anderson

1. File Number U

Name James

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

Labor Organization File Number 022523

Name Local Union 160, IBEW

P.O. Box, Building and Room Number, if any

Street 19625 Ivanhoe Ct	Street 2522 Marshall Street NE	
City Faribault	City <sub>Minneapolis</sub>	
State Minnesota ZIP Code + 4 55021	State Minnesota ZIP Code + 4 55418	
5. Position in labor organization.  Business Representative		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name DONOYER CONSTruction	Lunch meeting 4/14/04	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
53 South Owasso Blud W	appron \$1500	
city St. Paul		
State M 2 ZIP Code + 4 55/17		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

8/2/2005

Date

507-334-3207

Telephone Number

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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A Anderson

1. File Number U -

Name James

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

Labor Organization File Number (122522)

Name Local Union 160, IBEW

1 / 2004 Through: 12 / 31 / 2004

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 19625 Ivanhoe Ct	Street 2522 Marshall Street NE	
City Faribault	City Minneapolis	
State Minnesota ZIP Code + 4 55021	State Minnesota ZIP Code + 4 55418	
5. Position in labor organization.  Business Representative		
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Las Frasource Understoond Trade Name, if any: POWER INC.  P.O. Box, Bldg., Room No., if any	Lunch meetins 4/1/04	
	7.b. Amount.	
68/2 20 <sup>73</sup> Ave 5	approx \$ 13.00	
cityCenterville		
State MN ZIP Code + 4 55 038		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

8/2/2005

Date

507-334-3207

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Signed